

The Canada Health Act: highlights

Here is a summary of the important clauses of the new Act:

WHEREAS the Parliament of Canada recognizes:

—that Canadians, through their system of insured health services, have made outstanding progress in treating sickness and alleviating the consequences of disease and disability among all income groups;

—that Canadians can achieve further improvements in their well-being through lifestyles that emphasize fitness and health and that they desire a system of health services that will promote physical and mental health and protection against disease;

—that future improvements in health will require the cooperative partnership of governments, health professionals, voluntary organizations and individual Canadians;

—that continued access to quality health care without financial or other barriers will be critical to maintaining and improving the health and well-being of Canadians;

AND WHEREAS the Parliament of Canada wishes to encourage the development of health services throughout Canada by assisting the provinces in meeting the costs thereof;

NOW, THEREFORE, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

...

CANADIAN HEALTH CARE POLICY

3. (1) It is hereby declared that the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada.

(2) It is hereby declared that Canadian health care policy should be designed and administered

(a) to encourage effective allocation

of the nation's health resources;

(b) to facilitate the provision of adequate health services throughout Canada; and

(c) to facilitate reasonable access to health services without undue financial or other barriers.

PURPOSE

4. The purpose of this Act is to advance the objectives of Canadian health care policy, while recognizing the primary responsibility of the provinces for the provision of health care services, by establishing criteria and conditions that must be met before full payment may be made under the Act of 1977 in respect of insured health services and extended health care services provided under provincial law.

CASH CONTRIBUTIONS AND PAYMENTS

5. Subject to this Act, as part of the contribution provided by Canada to each province, a full cash contribution is payable under the Act of 1977 for each fiscal year in respect of the cost of insured health services provided under a health care insurance plan of the province.

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PROGRAM CRITERIA

7. In order that a province may qualify for a full cash contribution referred to in section 5 for a fiscal year, the health care insurance plan of the province must, throughout the fiscal year, satisfy the criteria described in sections 8 to 12 respecting the following matters:

- (a) public administration;
- (b) comprehensiveness;
- (c) universality;
- (d) portability; and
- (e) accessibility.

...

10. In order to satisfy the criterion

respecting universality, the health care insurance plan of a province must entitle one hundred per cent of the insured persons of the province to the insured health services provided for by the plan.

...

12. In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province

(a) must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons;

(b) must provide for payment for insured health services in accordance with a tariff or system of payment authorized by the law of the province;

(c) must provide for reasonable compensation for insured health services rendered by medical practitioners or dentists; and

(d) must provide for the payment of adequate amounts to hospitals, including hospitals owned or operated by Canada, in respect of the cost of insured health services.

CONDITIONS FOR CASH CONTRIBUTIONS OR PAYMENTS

13. In order that a province may qualify for a full cash contribution referred to in section 5 or payment of the full amount referred to in section 6 for a fiscal year, the government of the province

(a) shall, at the times and in the manner prescribed by the regulations, provide the Minister with such information, of a type prescribed by the regulations, as the Minister may reasonably require for the purposes of this Act; and

(b) shall undertake to give appropriate recognition to the contributions and payments by Canada under this Act in any documents,

or in any advertising or promotional material, relating to insured health services and extended health care services in the province.

DEFAULTS

14. (1) Subject to subsection (2), where the Minister, after consultation with the minister responsible for health care in a province, is of the opinion that

(a) the health care insurance plan of the province does not or has ceased to satisfy any one of the criteria described in sections 8 to 12, or

(b) the province has failed to comply with any condition set out in section 13,

and the province has not given an undertaking satisfactory to the Minister to remedy the default within a period that the Minister considers reasonable, the Minister shall refer the matter to the Governor in Council.

(2) The Minister may act without consultation under subsection (1) if the Minister is of the opinion that a sufficient time has expired after reasonable efforts to achieve consultation and that consultation will not be achieved.

15. (1) Where, on the referral of a matter under section 14, the Governor in Council is of the opinion that the health care insurance plan of a province does not or has ceased to satisfy any one of the criteria described in sections 8 to 12 or that a province has failed to comply with any condition set out in section 13, the Governor in Council may, by order,

(a) direct that any cash contribution or amount payable to that province for a fiscal year be reduced, in respect of each default, by an amount that the Governor in Council considers to be appropriate, having regard to the gravity of the default; or

(b) where the Governor in Council considers it appropriate, direct that the whole of any cash contribution or amount payable to that province for a fiscal year be withheld.

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16. In the case of a continuing failure to satisfy any of the criteria described in sections 8 to 12 or to comply with any condition set out in

section 13, any reduction or withholding under section 15 of a cash contribution or an amount payable to a province for a fiscal year shall be reimposed for each succeeding fiscal year as long as the Minister is satisfied, after consultation with the minister responsible for health care in the province, that the default is continuing.

17. Any reduction or withholding under section 15 or 16 of a cash contribution or payment may be imposed in the fiscal year in which the default that gave rise to the reduction or withholding occurred or in the following fiscal year.

EXTRA-BILLING AND USER CHARGES

18. In order that a province may qualify for a full cash contribution referred to in section 5 for a fiscal year, no payments may be permitted by the province for that fiscal year under the health care insurance plan of the province in respect of insured health services that have been subject to extra-billing by medical practitioners or dentists.

19. In order that a province may qualify for a full cash contribution referred to in section 5 for a fiscal year, user charges other than user charges prescribed by the regulations must not be permitted by the province for that fiscal year under the health care insurance plan of the province.

20. (1) Where a province fails to comply with the condition set out in section 18, there shall be deducted from the cash contribution to the province for a fiscal year an amount that the Minister, on the basis of information provided in accordance with the regulations, determines to have been charged through extra-billing by medical practitioners or dentists in the province in that fiscal year or, where such information is not provided in accordance with the regulations, an amount that the Minister estimates to have been so charged.

(2) Where a province fails to comply with the condition set out in section 19, there shall be deducted from the cash contribution to the province for a fiscal year an amount that the Minister, on the basis of information provided in accordance with the regulations, determines to have been charged in the province in

respect of user charges in that fiscal year or, where such information is not provided in accordance with the regulations, an amount that the Minister estimates to have been so charged.

(3) Any amount deducted under subsection (1) or (2) from a cash contribution in any of the three consecutive fiscal years that commence immediately on the coming into force of this Act shall be accounted for separately in respect of each province in the Public Accounts for each of those fiscal years in and after which the amount is deducted.

(4) Where, in any of the three fiscal years referred to in subsection (3), extra-billing or user charges have, in the opinion of the Minister, been eliminated in a province, the total amount deducted in respect of extra-billing or user charges, as the case may be, shall be paid to the province.

...

REGULATIONS

22. The Governor in Council may make regulations for the administration of this Act and for carrying its purposes and provisions into effect, including, without restricting the generality of the foregoing, regulations

(a) prescribing the procedures excluded from eligible surgical-dental services;

(b) defining the services referred to in paragraphs (a) to (d) of the definition "extended health care services" in section 2;

(c) prescribing the services excluded from hospital services;

(d) prescribing the types of information that the Minister may require under paragraph 13(a) and the times at which and the manner in which such information shall be provided; and

(e) prescribing user charges that are excluded from the requirements of section 19.

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COMING INTO FORCE

33. This Act shall come into force or be deemed to have come into force on April 1, 1984.